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APPLICANTS

Hans Jurgen Matt, Remseck, GERMANY;
 Detlef Hartmann, Berlin, GERMANY;
 Fritz Weinschenk, Aichwald, GERMANY;
 Michael Walker, Baltmannsweiler, GERMANY;

** CONTINUING DATA *****

None
Rs

** FOREIGN APPLICATIONS *****

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YES
1
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IF REQUIRED, FOREIGN FILING LICENSE
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35 USC 119 (a-d) conditions met Verified and Acknowledged				
<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Examiner's Signature	Initials			

ADDRESS

SUGHRUE, MION ZINN, MACPEAK & SEAS, PLLC
 2100 Pennsylvania Avenue, N.W.
 Washington, DC20037-3213

TITLE

Interference-signal-dependent adaptive echo suppression

FILING FEE RECEIVED 1260	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees
		<input type="checkbox"/> 1.16 Fees (Filing)
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